

CLAIMS ONLY						Application Number <i>10/600/947</i>	Filing Date					
						Applicant(s)						
						* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52					
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48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					